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Original Articles

LIGATION OF THE DORSAL VEIN OF THE PENIS FOR FUNCTIONAL IMPOTENCE.

By G. WILEY BROOME, M.D.

NOTWITHSTANDING experience has been thus far exceedingly limited, it would, however, seem that when functional impotence is due to an enlarged dorsal vein in men with strong sexual desire, who fail in sexual intercourse on account of imperfect erections due to too rapid emptying of the veins of the erectile tissue, ligation and resection of the vein offers good prospects of a permanent cure, with all the joys, real or otherwise, usually attendant upon man's ability to perform that function with perfect promptness. The only cases I have been able to find in all medical literature number but six; seven including my own single case.

As I only intend this communication to constitute a preliminary report, I shall simply recite briefly the salient features, clinical history and results in these six cases, which have been gleaned from medical literature and correspondence.

Case 1. A merchant, 63 years of age, well preserved, hearty and robust; strong sexuality; during his whole life indulged a great deal in sexual intercourse, sometimes excessively; father of several children. One year ago he married his second and present wife, a strong, healthy, active young woman, 22 years of age. On the first attempt at coitus he met with his usual former success, but the night following this when he attempted it again the erection was feeble and lacked intromittent power. Each succeeding attempt for a period of three or four weeks was also a failure; then his condition began to prey upon his mind. Ashamed to consult a home physician, he flew to the different "lost manhood restored" advertisements and tried some of the most glaring and reassuring, and was swindled alternately. Then he went to some distant sanatarium and was treated some time with no better results. He was next treated by some medical company which sold him some sort of a suction apparatus for "restoring weak and flabby erections in men with waning power and resultant impotence."

But after all his treatment and instrumental manipulations his condition was worse than in the beginning, At this stage he drifted into my care, impatient and despondent, having given up all hope of regaining his former virility.

I made a thorough examination, and found well developed genital organs; he never had gonorrhea nor masturbated to any extent; no stricture; no sensitiveness in the prostatic urethra or at the neck of the bladder. The only abnormal condition was a very large and tortuous dorsal vein. I advised the injection of ergotin, to which he readily consented. I continued this for three or four weeks and his condition improved somewhat, but his erections were still feeble and unsatisfactory and the organ was swollen, discolored and tender from the injections and I abandoned them.

It was at this juncture it occurred to me that if the constringing influence of ergotin was beneficial, why not get an immediate and permanent result by ligature. I examined a long line of text books, but found no enlightenment on the subject; nevertheless, I concluded to attempt it, as the patient was anxious to try any measure that held out some hope of cure.

The penis and surrounding parts were thoroughly disinfected and the operation was done aseptically under the anesthetic influence of a hypodermic injection of cocaine. A short longitudinal incision was made through the skin and subcutaneous tissue, down to the dorsal vein, which was then picked up and ligated in two places, and then cut between the ligatures. The first ligature was scarcely tied till the penis began to fill up, and before I had completed the operation he had a powerful erection, which alarmed both him and myself. The organ was so distended and engorged that it was cyanotic in appearance, and apparently the smallest capillaries in the glans stood up prominently. Crushed ice was applied constantly; bromides and other depressant remedies were administered. Not withstanding this, during a period of three days and nights he experienced a constant, powerful and painful erection. Subsequently it partially subsided, but on the slightest manipulation it would become strongly erect, this latter condition existing until the ligatures came away on the fifth and sixth days. In a few days the wound closed. He was so self-confident and enthusiastic that he begged me to allow him to have intercourse with his wife on the tenth day after the operation. I positively refused to consent until two

weeks more; but the strain was too great for him, and on the fourteenth day he cast my advice to the winds and had coitus with his wife twice and once on the succeeding day. Since that time, which is almost three years from date of operation, coitus has never been attended by failure. He has one child by his young wife, and to this day is one of the happiest of men.

Case 2. A clerk, 27 years of age, had practiced masturbation from his fifteenth to his nineteenth year. Following this he very frequently toyed with one young woman for a period of more than two years without any gratification of his sexual desires. At the age of 22 he attempted intercourse, but failed because the erection was imperfect. He made several subsequent attempts with a like result because the intromittent power was always wanting. He then consulted me and I found a stricture, caliber No. 19 French, four inches from the meatus, in addition to an extremely tender urethra, especially in the prostatic portion. He denied ever having had gonorrhea. I treated the stricture by gradual dilatation, sedative medication and cold douches to the perineum, and later by iron and bitter tonics. I forbade libidinous thoughts, lascivious associations, or any attempt at sexual intercourse during my treatment. After three months I gave him permission to have connection, with instructions not to dally or toy with women, but to select one with whom he could have coitus on first appearance of an erection. Like all previous attempts this one failed also. The desire was there, but the glans penis would not entirely fill up, remaining soft and inelastic. He came back disheartened and despondent and I suggested ligating the dorsal vein, which appeared larger than normal. He readily agreed, and under cocaine anesthesia by hypodermic injection I ligated the vein as in the foregoing case. The first ligature was no sooner tied than the glans penis began to distend and it was only a few seconds until he had a powerful erection and I feared a repetition of the symptoms of the first case. The patient was immensely pleased with the result and the mental effect on him was self-evident.

The penis was loosely bandaged and the patient put on large doses of potassium bromide. In the course of an hour the erection partially subsided and he suffered no more pain. In dressing or upon the least manipulation the organ would become powerfully erected. Upon the sixth day the ligatures came away and the wound soon closed, and it was only a few days until the young man was very anxious to try his powers, feeling very confident he would not again fail.

He was so certain of success that I gave him permission on the fifteenth day to have intercourse but once. He came back in two days the most elated young man I have seen, stating that he had coitus with a young woman five times in two days. He is married now, and he lately told me his erections have always been satisfactory since the operation, which is more than two years ago.

Case 3. A tanner, 25 years of age, married. He practiced onanism from his seventeenth to his twenty-first year, but not excessively. Has strong sexual desires. Fondled with the object of his affections for more than two years before marriage without any gratification of his passions. Has never had sexual intercourse, but frequently experienced nocturnal emissions. Married ten days ago and has not been able to consummate the marriage rite because the erections were feeble and lacked an intromittent power. By careful examination no stricture was detected, but there existed a very hyperesthetic condition of the urethra, especially sensitive in the prostatic portion. A steel sound was passed twice a week for a period of twenty-one days, and he was instructed not to fondle his wife nor occupy the same apartment with her.

At the end of three weeks the hyperesthesia of the urethra had been very much improved; I ligated the dorsal vein, although it was not enlarged. He was strictly enjoined not to attempt coitus for another month. At the expiration of this time intercourse was performed successfully, and he has never experienced any difficulty since that time, now more than a year ago, in commanding an erection.

Case 4. A bookkeeper, 31 years of age, who had masturbated for seven years, on an average of twelve times in a week. Three years ago he abandoned masturbation and has since suffered from frequent nocturnal emissions, although he had not experienced an erection for many months and had no desire for sexual intercourse. His genital organs were small, pale and flabby. He was anemic, weak and neurasthenic. He had read "lost manhood restored" literature until he believed he could never be cured. I was convinced of that, but did not express it. He was a typical sexual hypochondriac.

On examination I found a stricture, caliber 18 French, four and one-half inches from the meatus, in addition to an extremely senstive urethra, especially about the neck of the bladder. Under gradual dilatation the stricture and sensitive urethra were cured. With tonic treatment, cold douches to the perineum and good hygiene, his nightly emissions ceased in number and his confidence was somewhat restored. Although he was not a proper case for operation, I ligated the dorsal vein, more for the mental effect I hoped it would have than any hope of a permanent cure. His condition did not improve. The bad habits of his past life so preyed upon his mind that he became more gloomy, disheartened and despondent. He drifted out of my care and left the community, therefore his subsequent history was lost; but I feel satisfied the operation did him no good.

Case 5. School teacher, 25 years of age, unmarried. Had practiced masturbation from his fifteenth to his nineteenth year; suffered some from nocturnal emissions; has well developed genital organs. No stricture; no hyperesthesia of urethra. He had attempted coitus on frequent occasions, but they were all attended by failure on account of feeble erections. He was in robust health and had strong sexual passions. Was engaged to be married in a few months, but his impotent condition so preyed upon his mind that he was on the eve of breaking the engagement when he consulted me. The dorsal vein being large and prominent, I suggested ligating it, and explained the theory. He readily consented, and the operation was performed. I warned him against dallying or toying with women, and advised him to marry his betrothed at once. He did so, and all attempts since then at sexual intercourse have been crowned with success.

Case 6. John S., aged 66, widower, family history and previous condition good, applied to me for medical treatment. He said that for the last five years he had been unable to retain an erection. Damiana and cantharides were prescribed alternately for a month without producing any effect whatever. I suggested a radical operation and he readily consented. The pubes and penis were shaved and soap-water and brush freely applied. A narrow rubber band was snugly wrapped around the root of the penis, and a 4 per cent solution of cocaine injected in the skin. An incision one-half inch long was made on the dorsum and down to the dorsal vein of the penis. Two pieces of cat-gut were passed around the vein a quarter of an inch apart and firmly ligated. Two stitches were taken in the skin and the wound dressed aseptically. It healed by first intention. I was much surprised to find the vein so large. It was the size of an ordinary lead pencil. As soon as the rubber band had been removed he had an erection which he said reminded him of his younger days. He remained in my office for thirty minutes, at which time I bandaged the organ tightly from end to root, to force the blood out of it and to prevent its filling up again. The results of the operation so far had been a brilliant result to me and a gratifying success to the patient.

Case 7. (The writer's case). A young army officer, 32 years of age, splendidly formed, physical proportions perfectly symmetrical, with not a blemish on his whole body. He is a West Pointer and was always distinguished for athletic accomplishments. For seven weeks before he was ordered to the front against Spain with his command I had him under observation and treatment for the one "degrading bane of his life," as he put it—inability to maintain an erection and perform the act of sexual intercourse, notwithstanding he was persistently haunted by an inexorable sexual passion. I used various local remedies, including deep urethral injections, together with constitutional medicines. He experienced no improvement, but returned from the battle fields of Santiago, where the peaceful bullets of the Spanish were flying above him, to have war at home, and, indeed, was wrapped in the deepest gloom and despair, and expressed much dread of being exposed to the chagrin and mortification he experienced before leaving the city.

It was then I suggested tying the dorsal vein, which really presented an appearance through the skin of enlargement and tortuosity.

After arranging his official affairs for a few days, he went to the hospital, where the operation of resecting the vein was made without any difficulty. This was done on the 15th of October last. On that night the penis swelled from venous stasis considerably, and on the next day the distal half of the organ I found to be deeply discolored and the patient much alarmed over the appearance as well as from the effects of an uncomfortable feeling of constriction in the body of the penis. Quite all of the blackened condition of the organ gradually faded away, but the swelling was less inclined to subside, and, indeed, at this time, now four months since the operation, the penis is quite one-third larger than before the vein was tied. This condition, however, has in no wise interfered with its use, but, on the other hand, added immensely, so he says, to its usefulness. The result of the operation in my case has proven to be exceedingly gratifying to the patient. There is absolutely no grounds, the patient relates, for any complaint whatever over his sexual desire or ability to perform the sexual function. I am sure, from many conversations I have had with him since, that the effect of the operation impresses him with amazement, and that I know he is now the happiest of men.

Now, you have this simple, truthful report relating to these cases, the only ones of the kind reported, and I trust it is not to be looked upon as anything original with me, or in any wise conclusive as to uniformity of results of any similar cases that may be submitted to the operation in the future. I simply give you the plain facts in these.

In conclusion, I must express the hope that only properly selected cases may be exposed to the operation, in order to bring and maintain it within its legitimate scope; for it is true, whilst I am without much experience, yet I am confident in the belief that in neurasthenic cases, where the genital organs are small, pale, flabby and relaxed from excessive masturbation or other similar causes, with little sexual desire, the operation would be unavailing and, in a measure, cruel.

THE latest hygienic improvement is a ventilated sole for the shoe. When the foot is lifted, the ventilator fills with air, and when pressed squeezes it out around the foot, keeping the foot dry and cool.

A CASE OF SENILE HYPERTROPHIED PROSTATE WITH MARKED URINARY OBSTRUCTION; BOTTINI OPERATION; RELIEF. LATER, HERNIOTOMY, SEPSIS, AND ERYSIPELAS; DEATH.

PATHOLOGICAL SPECIMENS SHOWING EFFECT OF BOTTINI OPERATION.*

BY BRANSFORD LEWIS, M.D., St. Louis.

THE case is interesting and instructive from several standpoints. It shows, in the first place, the pronounced and prompt benefit that may be obtained from that operation in certain cases, even when there is marked enfeeblement from age, urinary obstruction with backward pressure and resultant pyelo-nephritis, cystitis, etc., without adding to that enfeeblement; and, in the second, the post-mortem appearance of the after-effects of the electro-incision.

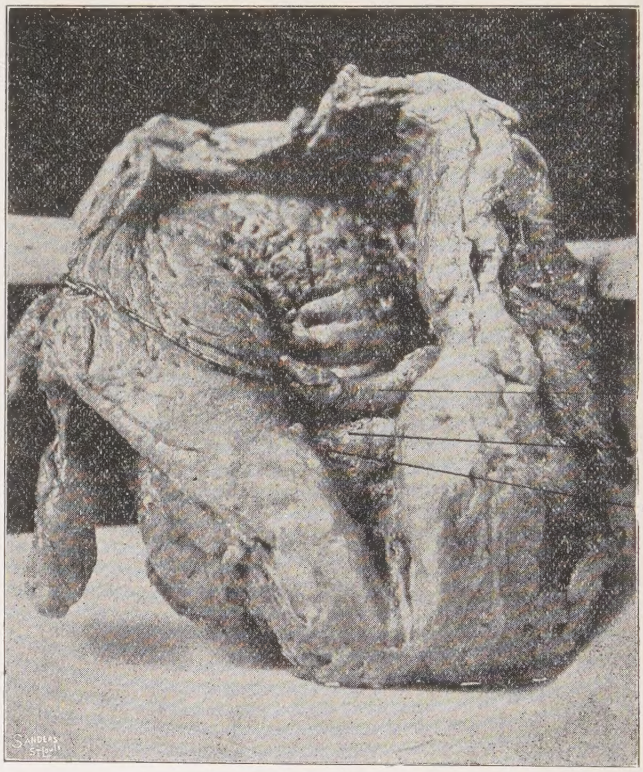
Before the operation, the man, who was about 65 years of age, much debilitated from the harassing accompaniments of the disease, frequency and painfulness of urination, loss of sleep, etc.—he was urinating about thirty-five times in twenty-four hours—had had the benefit of a trial of palliative methods of treatment, regular catheterism and washings, but without any marked improvement. In the urine there were albumin, pus and bacteria.

One electro-incision was made posteriorly, under local (cocaine) anesthesia, the patient's condition being such that it was considered unsafe to prolong the operation by making the customary other two. Air-inflation was used to distend the bladder to smooth out its folds.

No fever, chill, nor hemorrhage followed the operation, which was done on January 27, 1899, but also no marked improvement ensued until about the tenth day afterwards. Then the residual urine, which had been twenty-eight ounces before, was found very much diminished (to twelve ounces); on February 15th it was six ounces; on February 22nd, it was four ounces, and on March 2nd it was two ounces; and thereafter it varied between one and three ounces. The urinations for twenty-four hours were reduced from thirty-five down to seven or eight, and a continued night's sleep was a new experience which he greatly enjoyed.

The patient (one of the City Hospital) was highly gratified at the result of the operation, so far as his urinary condition was concerned; but this only increased his desire to have an old inguinal hernia radically cured that had been paining him considerably. Before discharging him, therefore, it was concluded to have this remedied. He was turned over to one of the surgeon-consultants who did herniotomy. Severe orchitis followed, accompanied by septic infection of the wound, gangrene of the scrotum, erysipelas of the face, gangrene of the lung, relaxation of the bowels—all culminating in death March 25, 1899.

On post-mortem examination the above pathological conditions were confirmed, and in addition the following note was made regarding the prostate and bladder by the hospital pathologist, Dr. Bartlett: "The kidneys are small and granular with uneven surfaces; the tunica easily removable. The cut surface shows marked clouding and thinning of the cortex and deep reddening of the medulla. The apices of the papillæ are atrophic and distinctly depressed; the kidney-pelves and ureters widely dilated, showing the effects of backward pressure and chronic inflammation. The bladder



A, Inter-ureteric fold. B, Middle lobe.
C, Groove made by electro-incisor.

is in a contracted state, containing a small quantity of thick, opaque-looking fluid. Its walls are hypertrophic; the color of its membrane black, except for light grayish spots of various sizes, the same consisting of fibrin covering erosions. The prostate shows both lateral lobes much hypertrophied. The wound left by what the clinical history terms "Bottini's operation" is completely healed, leaving an orifice to the right of the median line which will easily admit an ordinary lead-pencil into the prostatic urethra, and evidently furnished a free outlet for the urine."

In the accompanying illustration are seen the thickened bladder-walls, which evidently had regained much of their tonicity since the time when that organ held twenty-eight ounces of residual urine; the hypertrophied median and lateral lobes of the prostate, and

*Abstract of a paper published in the *American Journal of Surgery and Gynecology*, July, 1899.

to the right of the median lobe a deep groove, which is the channel made by the electro-incisor. The neck of the bladder had been surrounded by a "prostatic collar," which had been burned through and grooved down at the point marked C, and this allowed of the freer expulsion of urine and the other evidences of clinical improvement noted.

Notes and Items

THE *Medical and Surgical Review of Reviews* advocates the co-operation of the American and British Medical Societies in the re-establishment of the *Index Medicus*. From France also comes an expression of regret, with a plea for help to found a successor. The *Review* says that if the Americans will contribute six hundred pounds to the support of this publication, ought not the British to be willing to guarantee the same amount? They urge that this question should receive the attention of the Association at the forthcoming annual meeting.

THE enormous usefulness of the hospital is shown by the statement that the Cancer Hopital in Brompton, S. W., London, which was founded in 1851, by Dr. William Marsden, for the treatment of cancer and like diseases, has, since its foundation, relieved and treated over 50,000 cases. The North London Hospital for Consumptives, which was one of the first hospitals in Great Britain to adopt the open air treatment, has, since its foundation, relieved more than 230,000 poor patients. It is difficult to estimate the saving of life effected by these single institutions.

THIS homeopathic riddle is found at the conclusion of an article upon therapeutic guides:

"1. Drugs, like diseases, have a definite course of action, producing disease types.

"2. Disease takes a definite course: (*a*) functional if acute; (*b*) organic if chronic; and (*c*) in an abnormal constitution.

"3. Secondary symptoms of disease are the convalescent ones.

"4. The course of the remedy, action and course of disease must correspond, according to similia.

"5. Hence, the secondary drug symptoms seem to be the therapeutic guides."

"NOT the disease only, but also the man" is the title of the Shattuck lecture for the current year. In it, Dr. Putnam says: "It is worth while to note what a needless weight of sombre forebodings is often carried by a *word* or *name*, to the patient's anxious mind. To feel 'tired' may be bad enough at the best, but it makes a world of difference whether one accustoms himself to take the term as meaning the fatigue of a person who expects in due time to be rested, or as a bottomless pit of exhaustion, demanding sighs and groans. It is true, as Dr. James says, that the drunkard's reform often dates from the day that he gives himself the unsavory name; it is equally true that needlessly alarming symptoms can often be unmasked on the reversed principle, as a legal friend of the writer once, in court, robbed an 'excoriated tibia' of its terrors by rendering it as a 'barked shin.'"

IT is reported that the London Medical Society has reserved a number of meetings which will be devoted to a description of unfavorable cases and reports of errors in diagnosis. These meetings should prove very attractive if for no other reason than that they will prove to be a great relief from the monotony of reports of constant successes and brilliant operations. We do not know the rule of the London Society regarding the admission of reporters from the lay press, but we would suggest that from these meetings they be excluded and the members be requested not to furnish their manuscript, to the lay journals for extensive publication. Perhaps this caution is unnecessary, but we should certainly dislike to see the brilliant record of successful cures, perfect operations, and marvelous results of medical treatment which have been exploited in the lay press, broken by such a recital as this must certainly be.

THE outcome of the contests recently held in England between the athletes of the English universities and those of America show some striking peculiarities. In most of the events which required prolonged endurance, the Englishmen were successful, while those which called for the exertion of great strength for a short time and special skill were easily won by the Americans. In case these annual contests continue to be held, it is possible that interesting data may be arrived at regarding these differences, and it may be determined whether they are due to racial peculiarities, climate or training. Some years ago, when the English athletes visited this country, they were beaten in nearly all of the contests, but the weather at that time was excessively hot, a condition that necessarily handicapped the visitors by putting them out of condition. It is to be remembered, also, that the visiting team is always at a disadvantage.

THE recent references in these pages to the damage suits occasioned by the X-ray serve to point with additional emphasis to the necessity of avoiding them. At the American Orthopedic Society, D. E. Weigel made some remarks on this subject, illustrating them with a large number of lantern slides. He has used the X-ray for two and a half years, employing for one year a coil machine and for the remainder of that time the static machine, which he prefers. In not a single instance had he produced anything even ap-

proximating an X-ray burn. This he attributes to the avoidance of excessively long exposures and to operating with the vacuum tube at least eight inches from the subject and usually at a distance of eighteen inches. At this distance the adult foot requires an exposure of about three minutes, and that of a child about forty seconds. For the hand one minute would suffice; while for the elbow or knee the exposure should be five or six minutes.

A NEW treatment called the "starvation cure" is employed at Meadville, Pa. It is a new medical vagary, and whether it is allied to Christian Science or Faith Healing we have not been able to learn. It consists of the entire abstinence from food, the patient taking nothing but water until a cure is established. This peculiar method of treatment is called a rest cure. Recently a clergyman of Utica, named Parry, was treated by this method. His trouble began some six years ago and it had been variously diagnosticated as dyspepsia, catarrh of the bowels and stomach, etc., etc. The patient began his fast, rigidly adhering to cold water. At the end of the forty-seventh day from the beginning of the fast he declared that he was cured. When he began eating again, then the trouble began. His strength had been so reduced by the prolonged fast that his stomach refused to assimilate and digest food, and he died. The loss of weight during the entire fast amounted to thirty-six pounds. Sensation of hunger was only experienced during the first week of the fast.

IT is reported that the German government is about to establish a school for the study of tropical diseases at Hamburg. This follows immediately the establishment of a school for the study of tropical diseases in Liverpool, and with the one which has been in operation at the East India docks, London, makes ample provision for the education of English and German students in these important disorders. Aside from the effort which is to be made at the Johns-Hopkins University during the coming winter, nothing has been done in this country to especially prepare medical men for service in the tropics, though we have added to our dominions Puerto Rico, Hawaii, and the Philippines, and, of necessity, must maintain a considerable army in the latter country for a number of years to come. The important relation which tropical diseases bear to this country should have made them an inviting field for study. We have been constantly exposed to epidemics due to the extensive commerce of our gulf ports.

FROM time to time we have quoted from writings of homeopathic practitioners, and, lest we may be accused of partiality, we offer a few excerpts from an osteopathic book. Elmer D. Barber has published a book called "Osteopathy Complete." In this work he somewhat disrespectfully speaks of the discoverer of osteopathy, Dr. Still, of Kirksville, Mo., as a "bone doctor." This diagnosis of Dr. Still's practice is based upon the fact that he (Dr. Still) finds dislocation of the bones in almost all cases which he treats. Barber distinctly repudiates this theory of universal dislocation which is the hard-pan of osteopathy. He finds that "the true cause of many diseases may be traced to some muscle which has contracted and for some unknown reason has failed to relax, thus interfering with all the forces of life." As an example of this, if a muscle of the thigh be contracted it will give "cold feet and limbs on one side of the obstruction and heart disease on the other." Consumption, we are told, is due to the "steady pressure of the contracting muscle of the chest, and experience has taught us that until tuberculosis sets in it can be cured." "Brain fever, usually fatal when treated by the old method, can be traced directly to a contraction of the muscles of the neck, obstructing the returning blood. * * * We have yet to find a case of brain fever that, if taken in any reasonable time, cannot be instantly relieved, and in a comparatively short time cured, by our brain fever treatment."

THE recent discovery of alcohol as an antidote for carbolic acid is bearing its fruit in New York, where, according to the *Cincinnati Lancet-Clinic*, a man who had taken about a quart of carbolic acid refused to die, to the great astonishment of the attending physician. Investigation showed that previous to the swallowing of the acid he had taken twenty whiskies, ten rum sours, nine Manhattan cock-tails and a gin rickey. When the acid was brought in contact with this mixture it got the worst of the transaction and failed to exert its physiologic effects. It is stated that the ambulance corps of New York carries large bottles of choice old Bourbon on every trip, intended to antidote cases of carbolic acid poisoning, and it is now no uncommon thing to have a hobo fall in the street and tell the policeman that he has just imbibed a large quantity of carbolic acid. The ambulance is immediately called and a bottle of whiskey is poured down the throat of the willing victim, and he is borne away to peacefully sleep away the antidote in some charitable hospital. It is stated that in the New York courts a man was recently accused of drunkenness and excused himself by saying that he had taken whisky for carbolic acid poisoning. When asked if he had really taken the poison he replied, "No," but that he was in mortal fear that he might swallow the poison some day by mistake. It is suggested that some millionaires of New York perpetuate their names by hanging a bottle of old Bourbon on every lamp post in Manhattan, to the end that carbolic acid poisoning may be prevented for all time.

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EDITED AND CONDUCTED BY
H. W. LOEB, M.D., ST. LOUIS,
AND

WILLARD BARTLETT, M.D.	W. P. LOTH, M.D.
Y. H. BOND, M D.	F. J. LUTZ, M.D.
W. B. DORSETT, M.D.	H. N. MOYER, M.D.
CARL FISCH, M.D.	J. S. MYER, M D.
A. FRIEDLANDER, M.D.	B. H. PORTUONDO, M.D.
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DR. H. W. LOEB, Managing Editor,
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CONSTITUTIONAL RIGHTS OF CHRISTIAN SCIENTISTS.

The relation of Christian Science to the public health is one that may be fraught with consequences of a grave character. There is no question as to the constitutional right of an individual to have his diseases treated in any manner that he sees fit. If he chooses to employ some one to sit with his back toward him and to think or pray his disease away, that is an inalienable right, guaranteed under the general provision of the constitution, which holds that any one has a right to make a fool of himself if he wants to. This, however, is subject to some restrictions, which are generally classed under the police power. Thus the law holds that every man's house is his castle, and every one is allowed the freest possible use of his own property; yet in the application of this rule the law will not permit a man to maintain upon his own premises a private conflagration or epidemic, nor will it permit him to maintain a nuisance that interferes with the free enjoyment by others of *their* property or jeopardizes *their* health. In speaking of the practice of Christian Science, Mr. Barnes, attorney for the State Board of Health, says these people will go into a room where a child lies ill with diphtheria or scarlet fever, pray for a long time, get their clothing full of the germs of contagion, and then, without any precautions, go to the sick room of some other person suffering from some other trouble. Clearly such practices are illegal and can be suppressed under the police power in the interests of the public health.

INEBRIETY CURES.

"The Hayden Treatment" has been recently launched in Liverpool. This treatment is for the cure of inebriety, which, ever since the beginning of the Keeley Cure, has been a fruitful field for the charlatan. In this instance the drug employed was discovered by an Irish Canadian by the name of Hayden, and, as in similar instances, it has been necessary to keep the nature of the drug a profound secret. Marvellous claims are made for the new treatment, which is said to absolutely cure seventy-five per cent. of all cases; there is no restriction upon those who are under treatment, and all those who wish may indulge in the moderate use of spirits. The cure is said to be effectual in about three weeks. The claim that seventy-five per cent. are cured will, of course, attract little attention on the part of those who seek this treatment, and such a trivial circumstance as the institution having just been opened will make little impression upon them. The new exploitation is strikingly like the red cinchona cure of a few years back, but the method of its exploitation shows a striking resemblance to the late treatment of the morphine habit by "Husa." The wonderful plant which passed under this name was obtained by a physician who alone could put himself in communication with certain mysterious Indians in the Everglades of Florida. These Indians exchanged the precious plant for beads and trinkets at some out-of-the-way place. This marvelous plant was unknown to botanists and, singularly enough, it could not be preserved by drying or other means, so that it could be examined. An analysis of the extract of the "Husa" preparation showed it to contain a small quantity of burnt sugar, morphine, and alcohol. How cheap and simple are the means which successfully fool the public!

PNEUMATIC CURE FOR BALDNESS.

There has recently been advertised a pneumatic cure for baldness. This is based on the old, old theory that the loss of hair is caused by a diminished blood supply, with resulting atrophy of the hair bulbs. Positively the last thing in the treatment of this affection is what is known as a "capillary chalice." We trust that our denominational friends will not be shocked at this use of the word, but will take the broader view that it is derived from the Latin *calix*, meaning a cup, and that it is only within the last dozen centuries that the word has been specifically used to designate the communion cup. Besides, to what more noble purpose could an instrument with any name be applied than in the relief of baldness, the deformity of youth, and scarcely to be borne with equanimity in old age? The mechanism of this treatment is simply the old one of cupping. The chalice is nothing but a hollow rubber pad from which the air can be exhausted, and in this way the circulation of the scalp stimulated so as to produce healthy hair follicles and stimulate the normal growth of the hair. We are left in no doubt as to the efficacy of the treatment, for the advertisement of the company selling the instrument contains a number of illustrations of "before" and "after" treatment. A number of men are shown with remarkably smooth pates, and later we see the same heads covered with hair that would be the envy of any barber in the

land. We are informed that the "chalice" does not aim to produce a perfect vacuum, which, of course, nature abhors, but that it is only a partial one. We are gratified at this conservatism on the part of the makers of the cup, because a perfect vacuum might result in the loss of a portion of the scalp, and there would be little hope of restoration, as even with this method of stimulating the circulation it could hardly be hoped that the denuded cranium could produce a luxuriant growth of hair.

ANTIPYRIN IN THE TREATMENT OF CHOREA.

This treatment was first urged by Eskridge, and it has met with a considerable degree of success. His method of giving it was to begin with a dose of one grain for each year of the child's age. This was to be increased a grain each day until the movements ceased. In severe cases the child was kept in bed, and in those less marked it was allowed to be about for part of the day. After the movements ceased the antipyrin was suspended and iron or arsenic or both substituted. Antipyrin used in this way undoubtedly gives a large proportion of successes, but it is to be remembered that this is true of any form of treatment, as mild cases naturally tend toward recovery. It is difficult to say whether this form of treatment would cure in a less time than that by simple arsenic or other method of treatment; in other words, does it have any distinct advantages? Only a prolonged statistic study of a large number of cases would enable us to say positively that it did. There is no question that it and the arsenic treatment, and possibly the quinine treatment, somewhat lessens the duration of the disease, particularly if it is combined with rest and such hygienic and dietetic measures as tend to the building up of the general nervous system.

THYROID EXTRACT IN DEFECTIVE CHILDREN.

There is no more brilliant chapter in therapeutics than that which deals with the treatment of cretins. The term cretin is applied to idiocy associated with goitre or enlargement of the thyroid glands. A later extension of the term applies it to those cases in which there is an appreciable atrophy of the gland. The relation of disorders of the thyroid to developed mental defects in children is so important that every case should be carefully investigated. Unfortuately, the means by which a diagnosis is made, the difference between cretinism and other forms of idiocy, is by no means clear, and oftentimes it is impossible to make an accurate distinction. In all such cases it will be wise to give thyroid extract, as it is found to improve the nutrition and mental development of many defective children, even though their troubles cannot be directly traced to anomalies of the thyroid, and they cannot be clinically classed as cretins.

The thyroids should be given in the desiccated form, a fresh preparation invariably employed, and preferably in the form of capsules rather than tablets. The latter contain more than three-fifths their weight of excipient, and if strongly compressed. or if kept in stock for a considerable time, may be so hard as to pass the alimentary tract without solution. The desiccated thyroid, given in capsules, is readily absorbed and exercises its full physiologic activity promptly after its administration. In the best preparation, one grain of the desiccated product equals about eight grains of the fresh gland stripped of its envelopes. The dose should be about two grains for a child from three to five years of age, repeated twice each day. So far as we know, the substance is devoid of deleterious effects, though its administration must be watched to see that it is not carried to the point of disturbing the heart's action.

FEIGNED ERUPTION.

The careful study of all phases of human nature, as well as disease, is generally rewarded by results. The Engman-Schwab case in our last issue is an example. It seems by persistent observation and close study of this remarkable case they were able to bring forward a new idea in feigned eruptions. This is certainly a unique case and one that will add another etiological factor to the causation of feigned eruptions, namely, that of sexual perversion, which the aforesaid gentlemen undoubtedly mean in their foot note. The latter fact it seems was gleaned from the patient at a subsequent visit to the writing of the article.

It is very probable that this fact of sexual perversion in feigned eruptions is often a factor in their production, and many cases that are relegated to the full closet of hysteria are cases of this type. Flagellation, scratching, pinching and other forms of dermal irritation are common in sexual perversion, as pointed out by Kraft-Ebing and others; therefore why should we not have in the physically abnormal other means employed to excite the sexual functions, as the production of eruptions by the use of irritative agents.

We also believe that the neurologist and dermatologist, by their united efforts, could unravel many a knotty point in the mysterious dermato-neuroses, and we are glad to see a step forward in this direction.

The greatest objection to limitation to one branch of medicine is the fact that it is prone to render narrow the scientific vision of these specialists, they wrapping themselves up, as it were, in the narrow garments of their respective specialties. This is unfortunate, as these scientists should mingle freely with one another, study their cases from every standpoint, and coöperate in their work. Of course this is done to some extent, but the method of study used by Drs. Engman and Schwab should be more widely employed, and the efficacy of the results will speak for the method.

Current Medical Literature

BACTERIOLOGY AND HYGIENE.

Contribution to Our Knowledge of the Spontaneous Milk-Coagulation.—Y. KOZAI* concludes his researches on this subject as follows: 1. The lactic acid formed in spontaneously coagulated milk is either pure dextro-lactic acid or inactive lactic acid, or a mixture of both of them. 2. The appearance of the one or of the other form is determined by the temperature; at room-temperature, usually pure dextro-lactic acid; at the temperature of the incubator, inactive acid is formed. 3. The causative agents of these phenomena are three distinct bacteria: Bacillus acidi paralactici, bac. acidi levo-lactici and micrococcus acidi paralactici liquefaciens Halensis. The first and the third furnish dextro-lactic acid; the second, levo-lactic acid. 4. The most frequent and important form is bacillus acidi paralactici, not identical with Hueppe's bacillus acidi lactici. 5. At ordinary temperature the fermentation of milk is mainly caused by bacillus acidi paralactici. At higher temperatures the two other forms combine in their action with it. 6. The production of inactive lactic acid in spontaneously coagulated milk is not caused by the combined activity of other bacteria and of the dextro-lactic acid formers, but only by the simultaneous activity of the bacillus acidi levo-lactici. 7. The general and particular conditions under which these three forms of lactic-acid producers live have no influence on the nature of acid formed by each of them.

The Climatology of Nudity; Light, Heat, Atmosphere.—W. D. ROBINSON.† Though the use of direct sunlight on the diseased human body is advancing, some of the otherwise best papers on the subject of tuberculosis are defective in not giving special accent to sunlight, while pure air and altitude are largely dwelt upon. Without light these fail, while with light they succeed in curing this disease in its earlier stages. A theory of light now generally accepted is that it is identical with electricity. Knowing what we do of electricity, we can more readily comprehend and theorize as to the probable action of light on our bodies in health and disease. Can it not be that the rash in measles, scarlet fever, and erysipelas is nature's effort toward securing light, energy, and effective oxygen compounds in the blood in the greatest quantities? Quinine in solution, as it must be in the blood, absorbs ultra-violet and violet waves of light and speedily emits them in colors. Can quinine carrying light thus bring death to the malarial plasmodium and destruction to its toxins? As to the skin itself, its muscular, fat and connective tissue substance are all too deficient and defective for our greatest welfare and comfort. By excessive covering peripheral nerves are too intensely impressed by caloric changes, the capillary blood system too feebly and incompletely developed to battle most successfully with heat disease and traumatic impressions. All its functional powers have been reduced. The trend should be toward development of the skin rather than toward the employment of substitutes which supplant it in function.

*Zeitschrift für Hygiene u. Infectionskrankheiten, Vol. 31, No. 2.

†Phila. Med. Jour., August 26, 1899.

The Etiology of Scarlet Fever.—W. J. CLASS,* from the results of experiments in cultivating scales, throat secretions, and blood from scarlet fever patients, reaches the conclusion that he has found the specific causative factor of the disease. The germ is a diplococcus, polymorphous in character, but resembling, as ordinarily seen in slides made from fresh cultures, a very large gonococcus. The biscuit-shaped appearance is best seen in specimens that have been lightly stained. With a watery solution of methylene blue very pretty pictures were obtained; carbol fuchsin and Bismarck-brown also stain the germ. They are discolored by Gram's stain, though not to the same extent as the gonococcus. The culture medium is glycerin agar-agar, to which about five per cent. by weight of black garden earth has been added, the medium being rendered sterile by discontinuous heating. The biological characters, control experiments and pathogenesis are fully given, together with some of the differential points between this germ and similar organisms that have here been found in the skin and naso-pharynx.

EYE, EAR, NOSE AND THROAT.

Is the So-Called American Voice Due to Catarrhal or Other Pathological Conditions of the Nose?—J. W. FARLOW† thinks that it is the exaggerated nasal quality, the production of the voice in the nose, the twang, which is the most noticeable characteristic, and that we can omit consideration of the larynx and fauces as factors. In a general way, he believes that the condition of the nose is not the important factor in determining this nasal voice. In many cases the manner of speaking can be improved without medical or surgical treatment of the nose, even though some defects or abnormal conditions are present in the anterior nares. Examples are cited of marked improvement in the voice after a course of exercises in the proper manner of placing and raising the voice and upon mere removal from the society of companions who spoke in a nasal voice. The anterior obstructions in the nose are common in all civilized races, and there is no reason for thinking that any peculiarity in the American voice is due to what is possessed by others equally with ourselves. In our old country villages the voices of the natives are well

*N. Y. Med. Rec., Sept. 2, 1899.

†N. Y. Med. Jour., Sept. 2, 1899.

known to have the nasal twang without regard to the condition of the inside of their noses. The parts of our country where are the oldest centers of civilization and education should be the places where most attention is paid to the singing and the speaking voice, and this is probably the case. Training of the voice, especially in childhood, will do more to improve speech than treatment of the nose.

The Use of Gelato-Glycerine Bougies in the Treatment of Earache.—G. L. RICHARDS* claims great benefit from the use of gelato-glycerine bougies, which are prepared after the following formula:

℞ Acid carbol ..... ℳ vij.
Ext. opii fluid ..... ℳ vj.
Cocain ..... gr. iij.
Atropin sulphat ..... gr. iij.
Aquæ ..... ℳ lij.
Gelatin ..... gr. xviij.
Glycerin ..... gr. clviij.

M. Int. Cap. No. XLII.

In size, they should be no larger than will readily slip into the external canal. There is no doubt that if the bougies are used early enough paracentesis will often be obviated.

The Treatment of Hay Fever.—B. DOUGLAS† divides hay fever cases into two grand divisions—those who have nasal lesions and those who have none. The times of suffering are about the same, the severity of the symptoms is equal, the sequelæ are alike, and the difference is mainly one of condition of the nasal cavities. The cases in which there are no discoverable nasal lesions are in the minority. The treatment is considered under four different divisions, to-wit: 1. A treatment of the cause; (a) local irritant, (b) vicarious elimination, (c) vasomotor sensitiveness, (d) neurasthenic conditions, (e) uric-acid diathesis. 2. A treatment of the attack; (a) local, (b) general. 3. A treatment of general symptoms. Quinine and Warburg's tincture. 4. A treatment between the attacks. The local desiderata in the office treatment are: 1, to cleanse the membrane of irritating pollen or mucous and pus; 2, to relieve the hypersensitiveness of the over-irritated nerves; 3, to restore the tone of the over-distended blood-vessels and cause their shrinking and the shrinking of the mucous membrane. The home treatment of the local condition should be directed to keeping down the irritation, restoring the blood-vessel tone, and protecting the nasal membrane. The constitutional treatment of the attack consists of preventing the vasomotor dilatation and combating the unfavorable general symptoms. We may expect to cure the majority of patients permanently of attacks of hay fever by surgical work on the nasal interior. When heredity plays a role in causation, the cure is hopeless, although in these cases the attacks may be rendered less severe.

*Laryngoscope, August, 1899.
†N. Y. Med. Jour., Sept. 2, 1899.

INTERNAL MEDICINE.

About the Genesis of the Proteins in Albuminuria.—According to M. CLOETTA,* in cases of albuminuria mainly three kinds of proteins are found in the urine: serumalbumin, serumglobulin, and nucleoalbumin, the proportions of which vary considerably in the single cases. The author tried to determine the conditions, why in one urine much and in another only little globulin and nucleoalbumin are found. By means of comparative investigations of the blood serum and of the urine of eclamptic and nephritic rabbits he could show that the percentage of albumin and globulin in the serum is not of any influence on the proportions of these substances in the urine. By means of membranes of varying permeability, Cloetta demonstrated that more porous membranes allowed the transfusion of much albumin together with much globulin, while in case of less porous membranes little or no globulin goes through. Correspondingly he found in artificial nephritis in rabbits during the period of restitution little globulin or none at all. The nucleoalbumin originates in the kidneys and its occurrence in the urine demonstrates an extensive disintegration of tubular parenchyma.

Subcutaneous Rupture of the Intestine.—H. C. KEENAN† divides the forces producing rupture into two classes: Sudden, sharp blows, as kicks or heavy objects thrown; this causes about 70 per cent. of all ruptures; and heavy lacerating forces, as being caught between buffers of cars or run over by wagons; this causes 30 per cent. The first class produces a single tear, while the the heavy force produces usually more than one tear, and generally separation of the torn ends. The portions of intestine most frequently injured are the upper end of the jejunum near the duodenum, and the lower end of the ileum near the colon—places where a movable portion of gut is attached to one more fixed. A bruise to the gut may result, or the blood supply separated from a part so that it becomes grangrenous, and perforation occurs as late as six days after the original accident. The principal symptoms occurring early are shock, abdominal pain—either localized or general—vomiting—possibly of blood—local tenderness, rigidity of the abdominal wall and absence of liver-dullness. The later symptoms usually found are constipation, absence of flatus, retention of urine, thirst, anxiety and restlessness, tympanitis, tenesmus, late vomiting, and symptoms directly due to peritonitis. The value of early diagnosis cannot be overestimated. The life of the patient depends upon a diagnosis of his condition before peritonitis has developed. The best plan to follow is to operate rather on the history than to wait for a certain diagnosis.

*Archiv für experimentelle Pathologie und Pharmacologie, Vol. 42, Nos. 5 and 6.
†Phila. Med. Jour., September 2, 1899.

Experimental Researches About the Nature of the Tophi in Gout.—In order to decide the question, whether the deposits of urates in the tophi form the primary lesion, or whether they are (according to Ebstein and others) secondarily deposited in the injured necrotic tissue, Freudweiler* made numerous injections of sodium biurate. He could demonstrate that the deposit used acts injuriously on the tissue, leading to an extensive reactionary inflammation. The inflammatory foci thus produced experimentally differ histologically in no way from the tophi. Based on these results Freudweiler does not believe it probable that the uric acid deposition is preceded by a tissue necrosis; he agrees with the explanation first given by Garrod, that the tissue lesions are caused by the deposition of urates.

A Case of Intrauterine Epidemic Cerebro-Spinal Meningitis.—R. B. H. Gradwohl† reports a case of a woman of 31 years, who died of cerebro-spinal meningitis; she was seven months pregnant. At the necropsy typical meningitis was found on opening the cranium; there was great injection of the pia-arachnoid and an abundant purulent exudation scattered here and there over the entire meningeal surfaces, particularly at the base. The same condition was found upon the cord. An exact counterpart of the condition of the maternal meninges was found in the fetus, with perhaps more of a sero-purulent than a purely purulent exudation, as found in the mother. Bacteriologic examination of fluid from both the maternal and fetal meninges revealed the presence of the diplococcus intracellularis meningitidis. Pathologically the meninges exhibited about the same condition of inflammation and degeneration, such as is found in epidemic cerebro-spinal meningitis. In whatever way the specific micro-organism may gain access to the fetal tissues from the mother, it can be said that in a disease like typhoid, or epidemic cerebro-spinal meningitis there must surely be some selective affinity on the part of the micro-organism for some tissues.

A Case of Fibrinous Peritonitis in a Child Two and a Half Years Old.—Cumston and Hastings.‡ One month before the child was brought to the dispensary it suffered from an attack of diarrhea, which lasted for several weeks. After this attack the mother noticed the child's abdomen was swollen, but otherwise it presented no symptoms. At the first examination no positive diagnosis was made, but it was thought to be a case of indigestion, so frequently accompanying dentition. A few days later the child had not improved, but the treatment, which consisted of calomel, $\frac{1}{10}$ gr. twice daily, was continued. After an examination some days later the diagnosis of fibrinous tubercular peritonitis was made. The entire lower half of the abdomen gave a complete percussion dullness. The child was operated upon twice, and in both cases the bowel was perforated. The second operation was made for the purpose of closing the fisula, as a result of the first one. The child survived about five weeks. The autopsy revealed a complete absence of fluid in the abdominal cavity, but the lower half of the parietal peritoneum was covered by a layer of fibrinous exudate, at least half a centimeter in thickness. Coils of intestine were embedded in his and could not be detached without rupturing, which accounts for the two unsuccessful operations. From the cecum to the transverse colon a number of ulcerations were found, and also a small ulceration at end of appendix, which would certainly have perforated in a short time. A few tubercles were found scattered over the parietal peritoneum, and the kidneys presented a few miliary tubercles in their cortices and some amyloid change. The other viscera appeared perfectly normal.

A Case of Colocynth Poisoning.—W. E. Jennings* reports a case occurring in a woman 29 years old. An improvised tincture was swallowed, with a view of producing abortion. One hour afterwards, faintness, giddiness; vomiting, retching, and pain in the epigastrum developed. Three hours after taking the drug there was a large, watery, blood-tinged stool, and shortly afterward a convulsion. Vomiting and retching, delirium, epigastric pain and blood-stained evacuations from the bowels, were the prominent symptoms for three days. Abdominal pain then developed, with a continuation of the passage of bloody stools, but improvement in the general condition. There was no rise of temperature at any time, though the pulse-respiration ratio was much disturbed for several days. Medication consisted of morphine and atropine, hypodermically, for three days, together with a mixture containing bismuth subnitrate, cocaine hydrochloride and lime water; fomentations were applied to the epigastrium and abdomen. Abortion did not occur.

Periosteal Caries From Bacterial Origin.—M. H. Fletcher† reports three cases, in which severe paroxysmal pains, resembling tic douloureux, was found to originate in an abnormal condition of the periosteum of the jaw. In the first case a large pocket was found reaching from the alveolar ridge to the inferior border of the jaw; the surface of the bone had the feel of being eburnated and without periosteum. Similar conditions were found in the other cases. Recovery followed after sterilization of the pockets with escharotics. If a suitable culture of bacteria or cocci has been started in the bony-like fibres of the periosteum, they can produce continuous

*Deutsches Archiv für klinische Medicin, 63, Nos. 3 and 4.
†Phila. Med. Jour., Sept, 2, 1899.
‡Medicine, September, 1899.

*N. Y. Med. Jour., September 2, 1899.
†Jour. Am. M. A., September 2, 1899.

destruction of the membrane. The study of the periosteum shows it to be a very compact membrane of connective tissue fibres, and, histologically, much more of the nature of the hard tissues than of the soft. In one of its layers it carries arterioles in great numbers, but having very few, if any, capillaries anywhere in its substance, and no blood-vessels at all in one of its layers. It therefore seems rational to hold that this membrane can and does form a good pabulum for the growth of bacteria, and this to its own destruction. The exceedingly slow recovery of these cases, under germicidal and stimulating treatment, would also tend to support the hypothesis of the death of the periosteum by bacteria. Similar conditions, in cases of amputation or compound fracture, may be the cause of the persistent pain so often complained of. In lesions of the peritoneum, whether traumatic or otherwise, regardless of what bone of the body it may be on, progressive destruction of that membrane could occur, as in these cases of tic douloureux.

Paroxysmal Hemoglobinemia; Report of a Case.—P. S. ROY.* The chief causes of this condition are cold and fatigue. In this case the attack came in a woman 60 years of age, after the fatigue of sight-seeing. She had suffered from uric acid attacks, and had, after the hemoglobinemia disappeared, a sub-acute arthritis of the wrist and elbow. She also gave a history of Raynaud's disease. The attack was typical—chill, headache, vomiting, soreness of the muscles, particularly those of the neck; temperature 102°, generally lower; marked coolness of the skin, and slight jaundice followed later. The urine was quite dark; specific gravity 1022, which is higher than usual, and 50 ounces were passed in every 24 hours. No malarial history could be obtained. The mind was very stupid for two days. The urine was examined on the third day and the diagnosis was not made until then.

Typhoid Fever; Note on Two Epidemics in the Iowa Hospital for Insane.—G. BOODY† draws the following conclusions: 1. Cases of typhoid fever are quite rare, and the subject is deserving of thorough investigation wherever an epidemic occurs; in order to determine the relative frequency of the disease, all methods for confirming the diagnosis should be rigidly applied. In these two epidemics it occurred but once in 43 cases. 2. Of the patients who recovered, 25 per cent. showed marked improvement in nutrition and muscular strength, while the remainder only reached their former condition in these respects. Insane patients with typhoid fever do not show such a degree of improved nutrition after recovery as do those without mental complications. The patients who improved mentally showed a corresponding favorable change in nutrition, and those whose mental status returned to normal made the most striking changes in this direction. 3. Of this number, 16.6 per cent., all dementias, seemed brighter mentally, but relapsed as soon as convalescence was completed, except one case; 2.77 per cent. all melancholias, made partial recovery, and one is just fairly able to resume the ordinary duties of life; 5.55 per cent., one a case of katalonia and one of acute mania, regained completely their former mental status. The behavior of cases of dementia would lead one to think the fever had some influence on the mental condition, but it is of no value, since relapse occurred very soon. The prognosis in melancholia is favorable for some improvement; in acute mania it is generally favorable for recovery.

Intermediate Altitude for the Consumptive.—ANDERSON.* In a large percentage of cases an intermediate altitude yields in the treatment of consumptives very satisfactory results, where lower and higher altitudes fail to benefit the patient. A record of some two hundred cases sent to an altitude averaging from 3000 to 4000 feet, where the higher altitudes, within five to six weeks, failed to show any improvement in the patients' condition, seems very conclusive. The author finds the Mesilla Valley in New Mexico the most favorable resort for these cases. Frequently within a few months the patients will have improved sufficiently to enable them to reside in a higher altitude if desired.

Report of a Case of Cerebral Meningitis Manifesting Extraordinary High Temperature.—R. B. CHRISTIAN† reports a case of meningitis, without complications, in which the encephalon alone was involved. The patient was a blind girl, 26 years old. On the first day she complained of fullness of the head and nausea and had a temperature of 105°. For three weeks remarkably high temperatures were recorded, verified by five thermometers, three of which were broken, when the excessive heat would have forced the column of mercury higher than the capacity of the instrument would allow. On the second day of the illness temperature by mouth registered 110°, when the thermometer broke; from then for three weeks the temperature varied between normal and 118°, being usually excessively high. The patient was in a state of deep stupor for ten days prior to death; there was no extraordinary elevation of temperature after she got into this condition until a short time before death.

A Newer Pathology of Epilepsy.—BROWER‡ reports the views of Dr. H. Krainsky. The observations of Dr. Haig are confirmed as to the relation of uric acid elimination to the seizures, namely, a diminution in elimination just before the paroxysm

*Phila. Med. Jour., Sept. 2, 1899.
†Jour. Amer. M. A., September 2, 1899.
*Therapeutic Gazette, July 15, 1899.
†N. Y. Med. Rec., Sept. 2, 1899.
‡Medicine, September, 1899.

and an increase in the amount after the attack; but he disagrees with him as to uric acid being the retained poison causing the attack. Krainsky has succeeded, by a number of experiments, in demonstrating that epilepsy is an intoxication and that the poison is in the blood. By injecting a few c.c. of blood drawn from a patient in a status epilepticus into a rabbit, violent epileptic seizures were produced in two or three minutes, while blood taken after the seizure produced no effect. He then proceeded to determine the toxic agent, and by experiments demonstrated that it was carbonate of ammonium, a substance closely related to uric acid. The bromides were found of value, not only for their sedative effects, but for the ease in which they decompose this salt. Since the formation of carbonate of ammonia is the product of abnormal nitrogenous metamorphoses, one can readily see the importance of a dietetic treatment.

Hydrotherapy in the Treatment of Insomnia.—HANCE.* In cases afflicted with neurasthenia, and especially insomnia, the author suggests special attention to the environments of the patient, his diet, exercise, bowels, digestion, etc. This being done, the most satisfactory therapeutic measures for producing normal sleep is the employment of the bath and static electricity. He reports a number of pronounced cases of insomnia cured by the use of the hot-air bath, a needle spray, a jet douche along the spine, and the application of electricity each evening before retiring. By this means the cutaneous circulation is improved, the secretory organs stimulated, and the nervous system toned up.

Demonstration of Tubercle Bacilli in the Feces.—ROSENBLATT.† In pronounced cases of tuberculosis of the intestines the feces are almost invariably fluid. As a result, the bacilli are thoroughly mixed with the stools and are found with the greatest difficulty. The author, through the use of tincture of opium, produces hard, well-formed stools. On the surface of the scybalæ, especially in the muco-purulent particles, the bacilli are usually found without any difficulty. The hard scybalæ in passing over the ulcer carries with it, on its surface, the bacilli.

OBSTETRICS AND GYNECOLOGY.

Prophylaxis of Uterine Cancer.—W. W. GRANT.‡ The only safe course in all cases of injury to the cervix is to repair every appreciable lesion without waiting and looking for evidence of either benign or malignant disease. It is the only certain way to anticipate, with reasonable assurance, a constant danger to the lives of many women. Regardless of the existence of a cervical lesion, the necessity for unusual vigilance and care as a preparation for and during the climacteric must be conceded. The influence of a persistent, chronic irritant in ultimately causing malignant disease is well known. Trachelorrhaphy should be early performed to remove all cicatricial and diseased tissue; if there is a predisposition to malignant action, cicatricial tissue invites it; if there is no such tendency, it often excites it. The operation for laceration of the cervix should be performed before the climacteric is concluded if no indication exists for it during the child-bearing period.

Conservative Operative Treatment of Chronic Puerperal Inversion of the Uterus.—The case reported by J. BARELIUS* is a most interesting one. After repeated and various attempts to replace the uterus he was obliged to resort to the operative method which is original with him. An incision was made through the posterior vaginal wall and with one finger in the uterus an unsuccessful attempt at reposition made; then the incision was carried through os and neck, but with no better success. Finally, however, after the posterior uterine wall had been divided clear to the fundus, the organ could be returned to its original position. The patient was well and at work in just one month from date of the operation.

Gangrenous Mastitis.—H. ROGER and M. GARNIER† report the following case: Patient, 17 years old, was delivered on March 1st of a full-term baby, which died two days later. On the 7th of March she complained of general malaise and sore throat, and two days afterward a typical scarlatinal eruption appeared all over her body. She was then admitted to the hospital, and in addition it was found that her left breast was greatly swollen, of an intense red color, specially marked on the interior and inferior parts. Here there were two circular ulcers, the largest one the size of a silver dollar, the other one-half that size. The floors of the ulcers were of a grayish color, gangrenous, and covered with pus. Borders were red and undermined. A very abundant and very fetid discharge was present. Around the areola there were developed a number of small ulcers of the same character. The gland itself was swollen and very painful to the touch, especially around the interior and inferior portions. Wet dressing applied constantly did not modify the process at all, and the smell of the discharge soon became gangrenous. Under appropriate treatment patient recovered from the attack of scarlatina; but the process around the breast continued, and the ulcerations became blackish in color. Finally a large piece of mortified tissue, including part of the gland, came away. From this time on patient began to improve, and was discharged cured in three weeks. In the pus many microbes, that seemed to belong to two different species, were

*Therapeutic Gazette, July 15, 1899.
†Centralblatt für innere Medicine, July 22, 1899.
‡Jour. Amer. Med. Assn., September 2, 1899.

*Centralblatt für Gynäkologie, July 29, 1899.
†La Presse Medicale, July 22, 1899.

found. The more numerous one was a micrococcus perfectly rounded in shape, generally found by itself, sometimes associated in pairs; rarely three were united together. This micrococcus was easily stained by methyl blue, but was not discolored by Gram's method. It was free in the fluid, and was not found inside of the leucocytes. Besides this microbe there were some streptococci, although in very small number, while the microscopic field was covered by the micrococcus; one, or at most two, streptococci could be found. Cultures of the micrococcus presented the following features: ordinary bouillon became turbid throughout. At the bottom of the tube there was a more or less abundant deposit that at the least agitation spread itself all over the tube. In the first cultures the bouillon had a peculiar putrid smell, like the one noticed in the patient, but this disappeared in the later cultures. The reaction of the bouillon remained alkaline. In sweetened media the microbe did not develop as well. Bouillon with glucose, lactose and glycerine was used. In the first, the culture was not as abundant as in simple bouillon; but it became turbid throughout. In the second, the development was very slow; liquid remained clear, but is turbid at the bottom. In the third one turbidity is slightly marked. In agar the microbe forms small round, fine colonies; they appear like grains of sand. Milk is rapidly coagulated by it, and becomes acid in reaction. In potatoes the cultures developed very slowly; a white line appeared all along the place of inoculation. Rabbits inoculated with this microbe developed serious suppurative lesions.

The Use of Protargol instead of Silver Nitrate in Credé's Instillation.—DR ENGELMANN* employed in 100 new-born infants protargol, in a 20 per cent. solution, and found it to be superior to nitrate of silver, by the complete absence of irritative action and by its reliable bactericidal effect; while according to CRAMER the instillation of nitrate of silver caused in 90 per cent. more or less a profuse secretion (lasting sometimes five days), 80 per cent. of the protargol cases did not show any or only a very moderate (one to one-and-a-half days) secretion. Even through the absence of secondary catarrh the results prove to be very favorable.

Interstitial Pregnancy, with Report of a Case Operated upon Thirteen Months after Conception.—MACLAREN.† Interstitial pregnancy, as the statistics show, is a rare thing, and to find one that has gone to full term is indeed rare. The case presented is one of a lady 30 years of age, primipara. During the first three months of pregnancy history was negative; no usual symptoms being present. Patient was suddenly taken with a pain in lower abdomen; slight collapse, with nausea, vomiting, and a slight hemorrhage from vagina. From this time on there was a progressive enlargement of the abdomen which was marked in the earlier months on the right side. There was no attempted labor until over ten months after the last menstruation. Pains were regular and quite severe for about eight hours. About three days after this missed labor the fetal movements ceased. After one month there was a decrease in size of abdomen, and descent of uterus. It was now nearly thirteen months and patient was commencing to show signs of exhaustion. Bougie could only be passed about four inches when it was met by a solid obstruction. Laparotomy was performed and a gangrenous twelve-pound, perfectly-developed child was delivered. Placenta was hard and leathery and so strongly adherent that it could not be removed. After forty-eight hours bovine was used upon the placenta with the best possible results. Upon examination of sac, muscle fibres were detected and a free opening into the upper part of the true uterine cavity was demonstrated.

The Avoidance of Preventive Hemostasis in Laparotomies.—This thoroughly surgical article by DR. A. VON GUBAROFF* contains many suggestions which are as interesting as they are novel. After seventy-four experiences the author states that he ties only what bleeds and this after he has cut it. He profits by this procedure as follows: 1. A better idea of anatomical relations is gained than would be possible if a ligature *en masse* had been applied. 2. Secondary hemorrhage is less likely. 3. Much time is gained, as many an unnecessary ligature is put on in the old way. 4. Fixed tumors can be made freely movable in this way alone. Especial stress is laid upon the fact that ligature of veins is always unnecessary, because they cannot bleed after corresponding arteries have been properly tied.

Justifiable Artificial Abortion and Induced Premature Labor.—W. C. BOWERS.† In any disease of a woman which is aggravated to so great a degree, because of pregnancy, as to endanger her life, and which cannot be remedied so that she may live after labor, induced abortion should be considered in her interest; or, if late enough in pregnancy, in the interest of both mother and child. The possibility of waiting for the viability of the fetus should always be thought of if such a thing is possible without jeopardizing the woman's chances. The reasons for premature emptying of the uterus are many; the procedure is considered in these diseases and conditions, viz.: nephritis, advanced tuberculosis, aneurism, valvular lesions of the heart, chorea gravidarum,

*Centralblatt für Gynaekologie, 1899. No. 30.
†Amer. Gynec. and Obstet. Jour , August, 1899.

*Centralblatt für Gynäkologie, July 29, 1899.
†Jour. Amer. Med. Assn., September 2, 1899.

peripheral neuritis of pregnancy, goitre, diabetes mellitus, eclampsia, cancer of the uterus, melancholia, hystero-epilepsy and insanity, irreducible displacement of the uterus, unavoidable hemorrhage of placenta previa, accidental hemorrhage, and hyperemesis gravidarum. The last is probably the most common reason for interrupting pregnancy.

Contribution to the Knowledge of the Metabolism After Removal of the Ovaries.—The investigations so far published about the phosphoric acid metabolism in osteo-malacic women before and after castration gave by no means uniform results. Curatulo and Tarulli* found in dogs after castration a considerable and permanent decrease of the phosphoric acid secretion in the urine. O. Falk controlled these experiments in two dogs. The animals were fed on horse-meat and pork-fat; the $P_2 O_5$ secretion was determined in the urine (in one dog in feces and urine). The results of his experiments do not convince the author that the castration of female animals has any influence on the phosphorus metabolism. He sees a source of error in the fact that the animals of the Italian observers have been fed on bread, and concludes that the beneficial influence of castration on osteo-malacic women can not be explained by experiments on healthy animals.

Vaginal Fixation in Paralysis and Retroflexio Uteri.—A. Schücking,† the first to treat the uterus thus, claims that none of the modifications of the operation which he proposed in 1887 has insured the patient against recurrence of her trouble, because none have sufficiently bent the anterior wall nor sufficiently stretched the posterior one. Not all prolapses and retroflexions require an operation. Still, when any one is to be performed, his own seems to the author more nearly free from danger than any other. One point on which Schücking rightfully lays stress is that in the pursuit of his method the peritoneum need not be opened.

Difficult Points in Gynecologic Diagnosis.—W. Krussen ‡ When the history of a case indicates clearly or possibly the presence of some pelvic lesion, local examination should be insisted upon. The administration of an anesthetic is often indispensible in making this examination and no positive diagnosis should be made in an obscure case without its employment. Pregnancy is always to be remembered as a possible condition as causing increase in size in uterus and abdomen. The early recognition of carcinoma of the uterus is absolutely essential to its successful treatment. The chief symptoms are hemorrhage, watery or purulent discharges, and pain; but these occur so irregularly that many cases may present only one of the trio before extensive invasion has occurred. An early diagnosis can only be made with absolute certainty by microscopic examination of either an excised wedge from the suspected cervix or of portions of the endometrium removed by curettage. Epithelioma of the vulva is less frequent than malignant disease of the uterus; it is liable to be confounded with simple vegetations, with lupus of the vulva, and with syphilitic affections. After malignant disease, the recognition of ectopic gestation ranks next in importance. The differentiation of appendicitis from pyosalpinx or ovarian disease is another interesting point in gynecologic diagnosis. A frequent error is that of mistaking ovarian cysts for ascites, though ordinarily careful palpation and percussion will distinguish between them. The differentiation between fibrocystic tumors of the uterus and ovarian cysts is very difficult and at times impossible. Many of the mistakes in diagnosis are due to the fact that sufficient time and thought are not given, nor all available clinical methods and instruments employed, in studying the individual case.

Treatment of Fissures of the Papillæ.—Le Maire* used a saturated solution of orthoform in 80 per cent. alcohol in some sixty cases of fissured papillæ. The pain disappeared very readily, and the fissures healed rapidly. It is to be recommended especially in small fissures; in deep ones the results were very unsatisfactory. Disturbances in digestion were not noticed in the children during the use of orthoform upon the mother's breast.

Management of Pregnancy Complicated by Abdominal Tumors.—R. B. Hall† discusses the management of ovarian and uterine tumors complicating pregnancy. The danger of abortion or premature labor following the removal of ovarian tumors has been exaggerated. Frequently the tumor is discovered only at the time that pregnancy occurs. The danger to the mother is not markedly increased by the fact that she is pregnant so far as the operation relates to the removal of the tumor. The ease with which patients recover under these conditions is illustrated by a case in which recovery was uninterrupted and a healthy child was delivered at full term. Some cases abort in spite of all precautions, and when this occurs the danger to the patient is greatly increased. As to fibroid tumors of the uterus, operation means hysterectomy and therefore the sacrifice of the child. Operation is advised in all cases if there is no chance of recovery without it; also in cases where the tumor cannot be lifted out of the pelvis and where there are any complications in the tumor itself, such as twisted pedicle or ruptured cyst. Operation is not advised in cases of ovarian tumor of

*Archiv für Gynecologie, Vol. 58, No. 3.
†Centralblatt für Gynäkologie, August 5, 1899.
‡Phila. Med. Jour., September 2, 1899.

*Centralblatt für Gynäkologie, August 12, 1899.
†Jour. Amer. Med. Assn., September 2, 1899.

moderate size that lies above the uterus and where the tumor itself is too large to occupy the pelvic cavity, if the woman had not suffered from the tumor and there were no complications. The question as to when operation should be performed in fibroid tumors of the uterus must depend on each individual case. The question as to saving the child must be discussed if the woman has passed four or five months of gestation and it is possible to carry her to or near the full term of pregnancy.

Preliminary Report of Transplantation of the Ovaries.—JAMES F. MCCONE,* in a series of experiments on the ovaries and fallopian tubes of animals, has reached the following conclusions: 1. Contact between ovary and tube is not essential for conception. 2. Ovaries grafted from one animal to another part of the same animal continue to grow, to functionate, and pregnancy can and does occur. 3. An ovary grafted from one animal to another of the same species continues to functionate; maintains the normal condition of tubes and uterus. Pregnancy can occur. 4. Ovaries grafted from one species to another continue to functionate and seem to prevent post-castration atrophy of tubes and uterus. 5. Best results are obtained where the raw surfaces of the transplanted ovary is sewed to a denuded surface. The chief practical value is in the suggestion of the conservation of healthy ovarian tissue even on the opposite side from a patent tube, the possibility of grafting in the human species and the prevention of atrophy and post-castration nervous symptoms.

Is the Integrity of the Amnion a Conditio Sine Qua for the Further Development of the Ovum after Rupture of the Chorion, etc.?—NEUGEBAUER† maintains, in contradiction to the views of Price, that the integrity of the amnion is necessary for the further development of the embryo. He refers to a case of ectopic pregnancy described by him in 1898. The child lay perfectly free in the peritoneal cavity between the loops of intestines, presenting no trace of the embryonic membranes. He concludes that the integrity of the umbilical cord and placenta, and not the amnion, decides the fate of the embryo in the case of a rupture of the membranes.

Some of the Commonest Reflex Symptoms from Disease of the Rectum.—WALKINS.‡ The most pronounced and annoying reflex symptoms are those due to diseases of either the rectum or generative organs. Owing to the abundant supply of cerebro-spinal and sympathetic nerves, they refer all pains in the pelvic region to the generative organs. A great number of cases, therefore, applying to the gynecologist for relief suffer from some rectal disturbance. The three cases reported are typical ones of this class. The patients applied for gynecological treatment. When questioned as to whether any trouble existed in the rectum it was always answered in the negative. Upon examination an area varying in size from a 25-cent-piece to a dollar was found where no mucous membrane existed. It begins at the muco-cutaneous junction and extends up the wall of the bowel. They are neither tuberculous nor syphilitic in character, and rapidly yield to local treatment. In one case the ovaries had already been removed by a gynecologist and it had been suggested in the other two cases. All three cases had great relief from local treatment.

A Type of Paralysis in the Distribution of the Peroneal Nerve Following Labor.—ALDRICH* reports three cases in which this form of paralysis was present. The first case was one of prolonged labor, followed by a right peroneal paralysis and neuritis with extension to the other side. The recovery from the neuritis was slow, with a persistence of some atrophy and paralysis. The other two cases presented the same picture, with the exception that one was a left-sided case. Why this nerve should be affected in these cases of prolonged labor is readily understood when one considers the anatomy of these parts. The sacral plexus is joined in most cases by the lumbo-sacral cord formed by the fibres of the fourth and fifth lumbar segments. This cord passes downward, winding over the sharp angle of the linea innominata into the pelvis, a position just suitable for pressure in a case of long labor. The fibres of the sacro-lumbar cord keep their identity even in those cases in which they join the sacral plexus and form the peroneal nerve upon leaving it. Little need be said as to treatment, as it resolves itself into treatment for any ordinary neuritis. The hot-air treatment has proved the most satisfactory.

Organotherapy in Gynecology.—NEWMAN† concludes from his own observations and the investigations of others as follows: The thyroid gland exerts an inhibitory action upon the pelvic genital organs, especially upon the epithelial elements of the endometrium. As a result of this specific action there follows a retardation of hemorrhages from the uterine mucosa, an action antagonistic to that exerted by the ovarian secretion. In gynecology, thyroid therapy is especially indicated in hemorrhagic affections of the uterus, pelvic congestion, uterine fibromata, hemorrhagic endometritis and chronic tubal disease. The more chronic the case, the more rebellious to thyroidization. The thyroid also causes an increase in metabolism of the mammary gland and is consequently indicated in all cases of insufficient lactation. Owing to the tendency to thyroid intoxication, it is

*American Journal of Obstetrics, August, 1899.
†Centralblatt für Gynäkologie, August 5, 1899.
‡Medicine, September, 1899.

*Amer. Gynec. and Obstet. Jour., August, 1899.
†Therapeutic Gazette, July 15, 1899.

well to discontinue the drug for a period of a week to ten days at regular intervals during the course of the treatment.

Rectal Irrigation in Gynecology.—HYDE.* The use of rectal irrigation in some gynecological cases has proven of very great benefit. For the irrigation either a rubber, aluminum or glass tube is used, and at least two gallons, preferably six to eight, of a saline solution, temperature 110°–115° F., are employed. This has advantage over the vaginal douche in that a larger amount of fluid may be used and it comes in contact with a much greater vascular surface. The writer recommends it especially in: 1, leucorrhea; 2, as a substitute for vaginal douching in young girls; 3, acute and chronic ovarian and tubal lesions, with the possible exception of pyosalpinx; 4, intestinal paralysis following sepsis; 5, after major pelvic operations, to relieve any abdominal discomfort or tympanitis; 6, intestinal colic; 7, doubtful in constipation. It has only been employed in two cases coming under these seven heads where no good was observed.

PATHOLOGY AND HISTOLOGY.

A New Form of Elementary Granules in Blood, Sputum and Tissues of Man.—L. GRUENWALD† found a new form of granules, which he calls hypeosinophilous; the majority of the round cells of sputum, of sero-purulent exudates, of pus and of inflammatory new formations contain minute to minutest granules, which are stained with eosin, but are decolorized by acids and mostly by alkalis, and which in Ehrlich's triacid-stain appear fuchsin-red. A great number of cells, therefore, which were thought to be filled with homogeneous protoplasm, contain granules, while other cells, the granules of which were called neutrophilous, now appear in another light. It is necessary that before staining the specimens are either simply dried in the air or are heated very carefully. The author found the same phenomena in the blood; the hypeosinophilous granules are seen in mono and polynuclear cells. Based on his findings the author asks for a revision of the previous nomenclature of the granules.

The Preservation of Mitotic Figures After Death and After Transplantations and Its Bearing on Transplantation—Experiments.—The question, how long after death or extirpation mitoses can be demonstrated, has so far not been dealt with exhaustively. H. WOLFF‡ kept a series of specimens for a long while (up to six weeks) at room-temperature, in the incubator or in the ice-chest, and showed by control experiments that the existing mitoses can be demonstrated as long as it is possible to demonstrate the finer texture of the tissues. A progress of the mitotic process or the appearance of new mitoses does not take place after death. In aseptically kept pieces of epidermis the author, too, could find the same mitoses as in the fresh specimen; the reliability or the success of a transplantation can therefore not be proven by the existence of a few mitoses.

A Case of Foreign Body in the Heart.—OPHULS* reports a post-mortem case in which a piece of needle $2\frac{1}{2}$ cm. in length was found in the wall of the heart. Its tip projected about 7 mm. into the cavity of the left ventricle and was covered by a thin greyish-white film with glistening surface. At the bottom the projecting part is surrounded by a cone-shaped mass of dense white scar-tissue, which shows that the needle must have been in its present position at least several weeks, possibly longer. The needle was undoubtedly a thin trocar introduced while making an explorative puncture of the pericardium. There was no evidence of a thrombus formation at the point of lesion, in all probability due to the smoothness of the foreign body and rapidity of the blood current. There was nothing to indicate that the death of the patient was in any way caused or even favored by the presence of the foreign body in the heart. In fact the post-mortem examination revealed several morbid conditions entirely without connection with the abnormality in the heart, which in themselves constituted a cause amply sufficient to explain the cause of death. During life the heart did not exhibit any symptoms which could be attributed to the presence of the foreign body. There was no murmur.

SURGERY.

Acute Abdominal Symptoms Demanding Immediate Surgical Intervention.—M. H. RICHARDSON.† A careful study of initial symptoms and their importance cannot be too strenuously urged upon the general practitioner. Three classes of abdominal lesions must be considered: 1, those in which hemorrhage is the chief factor; 2, those in which peritonitis is the chief factor, and 3, those in which intestinal obstruction is the chief factor. Practically, all of these permit cure. Recovery depends largely upon the promptness of intervention. The most fatal lesions are those which quickly produce extensive gangrene. If all acute lesions were operated on at the very onset, the mortality in the worst would be slight. The diagnosis of an acute lesion that needs immediate operation must be made from the initial symptoms, the exact nature of the lesion may be deferred. Pain, pallor, feeble pulse, low temperature, means hemorrhage; with irregularities in menstruation and tender breasts, extrauterine pregnancy; after

*Am. Gynecological and Obstetrical Jour., August, 1896.
†Centralblatt für innere Medicin, 1899. No. 30.
‡Archiv für klinische Chirurgie. Vol. 59, No. 2.

*Occidental Medical Times, August 15, 1899.
†Phila. Med. Jour., September 2, 1899.

operation, internal hemorrhage. In a general way a diagnosis as to the possible cause should be made exact enough to guide the surgeon to the affected half of the abdomen. In cases of doubt, exploration is indicated when the symptoms enumerated are present, but operation should not be performed by the inexperienced, as is so often the case in first magnitude operations.

Nervous Complications of Fractures of the Lower End of the Humerus.—A. BROCA and A. MOUCHET* write that the above mentioned disturbance much more commonly follows injuries of the lower than those of the upper end of this bone. As regards age, the young are much more often affected. The median, the radial, or the ulnar nerve may suffer, as may any two of them, or indeed all three at one time. Such nerve lesions may be divided into three kinds: 1, primary; 2, secondary; and 3, remote. The first named date from the time of injury and are partial or complete paralyses, resulting from the affected trunk being cut off, torn, contused, or held in a fissure. The secondary varieties manifest themselves several days after the accident, and are due to the "callus" or a misplaced fragment pressing upon the nerve in question. Remote paralysis was observed by the authors in two cases as late as eighteen years and twenty-two years respectively after injury. In both a decided "cubitus valgus" was apparent, with progressive approximation of the olecranon and inner condyle; in this way the groove for the ulnar nerve was gradually narrowed with consequent squeezing of it. In every case electro-diagnostic methods must be employed. Treatment in the primary form is to be operative and undertaken at once in case paralysis be complete, otherwise one can wait a few months. In the second variety the nerve must nearly always be freed from its confining "callus" or fragment. The remote paralysis requires as a rule that the furrow for the ulnar nerve be made wider.

A Year of Abdominal Surgery at the Pennsylvania Hospital, Philadelphia.—F. T. STEWART.† During the year ending May 1, 1899, there have been performed in this hospital 164 operations implicating the peritoneum. Of these 28, or a trifle more than 17 per cent., have succumbed. In 8 of the fatal cases a general peritonitis existed at the time of operation, in 12 a peritonitis which was localized and suppurative; 5 died of peritonitis developing after operation, 3 being traumatic cases, 1 a strangulated hernia, and 1 a case of ectopic pregnancy; 2 died of exhaustion, and 1 died of shock and hemorrhage following gunshot wound of the liver and vena cava. This death rate is very low, considering the class of cases entering the hospital, many of them delaying until no other resort is left. The majority of the abdominal sections were life-saving procedures. There were 31 hernias, 46 cases of appendicitis, 1 liver abscess, 1 case of hydatid disease of the liver, rupture of the urinary bladder, 10 hysterectomies, 4 stab wounds of the abdomen.

The Evils of Ritual Practice of Circumcision.—A. MILLER* enters a plea for the abolition of this operation by laymen. The dangers from infection and hemorrhage are not apparently realized by the public. The men who perform this operation ritually possess neither medical knowledge nor surgical skill; they have no idea of the existence of germs, understand nothing about the theory of sepsis and antisepsis, and in a great many cases are even void of personal cleanliness. The operation should in every instance be performed by a physician.

Movable Kidney.—HALSTEAD,† after reviewing the various theories as to the causation of movable kidney, concludes that the principal factor, as well as the explanation of its frequency in the female sex, is to be found in the variations from the normal configuration of the paravertebral fossa. The frequency of movable kidney on the right side is explained by the shallowness of the right fossa as compared with the left. Fixation of the kidney should be done in all cases, when, after a fair trial of the palliative measures, the symptoms still persist; immediately in all cases where the occupation or habits of the patient precludes the possibility of benefit being derived from abdominal supports. In these cases no time should be lost in temporizing, but operative treatment resorted to at once.

Dangers of Hydrogen Dioxide in Surgery.—SPENCER‡ reports a number of interesting, though unpleasant, results in the use of hydrogen dioxide in cavities with small outlets. It has been clearly demonstrated that the expansive force of the peroxide not only made new channels in the tissues, but even carried and deposited pyogenic organisms in these channels. The gas generated by the peroxide travels into the subcutaneous areolar tissues, along nerves and arteries, and separates the layers of muscle fibers. Since the introduction of peroxide mastoiditis has become more frequent than formerly; this the author attributes to the use of hydrogen dioxide in middle-ear disturbances. The author concludes that it is unsafe to use it in infected wounds in certain locations, with or without pus, in abscess cavities, either acute or chronic, where the walls are supposed to be weak, in closed cavities, and in the tissues surrounding the larynx and trachea, especially in young children.

*Revue de Chirurgie, June 10, 1899.
†Phila. Med. Jour., September 2, 1899.

*N. Y. Med. Rec., Aug. 26, 1899.
†Medicine, September, 1899.
‡Therapeutic Gazette, July 15, 1899.

Practical Therapeutics.

The Symptomatic Treatment of Consumption.—B. F. LYLE* believes that the treatment of pulmonary consumption is dietetic and hygienic, and that its deleterious symptoms must be combated upon lines not calculated to compromise efforts in this direction. For the toxemia of the early stage, creosote is the only remedy which still is effectual. It diminishes the poisonous quality of the tubercle-culture, apparently by its chemic effect on the toxins. It may be given in doses of from one to three drams daily. Patients should have sunshine and fresh air. The food should be highly nutritious and easy of digestion. The necessity for oxygen to assist in the metabolism of the nitrogenous waste must never be forgotten. The use of alcohol and cod-liver oil is not advocated; alcohol interferes with metabolism and cod-liver oil contains no constructive or reparative elements and heat and energy alone can be obtained from it. For the relief of cough local treatment should be adopted, the applications of menthol and zinc-chlorid solutions made to accessible parts, while those which are lower down can be influenced by intratracheal injections. Opium or potassium bromid must be resorted to in advanced stages of the disease. Sweating, being a result of systemic poisoning by carbon-dioxid and the products of destructive metabolism, is a conservative process. Its treatment is of doubtful propriety and seldom necessary under proper hygienic conditions. For the relief of fever, quinine seems to have a useful and lasting effect; hypodermic injections of guaiacol have also proved efficient; the dose ranges from 10 to 30 minims injected deeply in the subcutaneous tissue. Hemorrhage during the early stage is salutary and requires no direct treatment; that occurring later must be combated by rest and by administering drugs which slow the heart's action, as aconite and morphine.

Typhoid Fever.—Therapeutic Principles Established in Its Treatment.—S. F. ROUSCH† advocates the following therapeutic principles based upon his experience in treating 143 cases of typhoid fever: 1. The bowels must be acted on by cathartics; of these calomel is the best, combined with soda bicarbonate or salol. Salicylate of ammonium or sodium should also be given, five grains every two hours. All the water, tea or coffee the patient wants should be given. Sponge baths should be freely given. 2. Do not give food unless the patient desires it. The patient lives on himself. During the first eight or ten days the patient is better off without food and will convalesce sooner. 3. No patient has been treated exactly right who has or continues to have tympanitis; it is the worst symptom the patient can have, aside from events like hemorrhage or perforation. For tympanitis calomel and salol in small doses should be frequently given and large doses of strychnine; equal parts of turpentine and camphor liniment to the bowels are also effective. Strychnine is usually given after the tenth day till convalescence begins, then dilute hydrochloric acid is administered in place of the salicylate. Milk or butter-milk is given after the sixth, eighth or tenth day and fruit juices at any time. The bedpan should not be used; let the patients get up; they are not too weak; it gives them an airing, changes position, and they feel better afterward. Perforation is not to be feared. Under the treatment outlined, a mortality of 3.5 per cent. occurred in 143 cases.

Cerebral and Meningeal Syphilis Treated by Intramuscular Injection of Insoluble Salts of Mercury.—J. C. STINSON* reports a case illustrating the value of this method of treatment in a severe case of tertiary syphilis with marked cerebral symptoms. Treatment consisted of the intramuscular injection of two grains of salicylate of mercury suspended in sterilized almond oil, and later ten grains of iodide of potassium were given three times daily, increasing two grains each day. As to technique, if the salicylate of mercury is used and two grains can be tolerated at each injection, two injections should be given a week till nine or ten are given. Forty per cent. of the cases can take two grains; forty per cent. more cannot stand this amount, as it produces diarrhea, painful colic, sometimes considerable pain locally; these patients can be given a grain and a third at each injection, given three times a week. The remaining twenty per cent. will not submit to injections on account of the pain. Between the series of injections, which should be given for three years or longer, four series each year, iodide of potassium is given. The syringe used is an aspirating syringe, with a needle two inches long. The site for injection is a point about one-quarter to half an inch above the junction of the inner and middle thirds of a line carried from the upper border of the great trochanter to meet the cleft of the buttock at right angles. The needle is withdrawn slowly, a little aristol or other antiseptic powder dusted on and covered with a few drops of collodion.

Hypodermic Use of Arsenic.—MOYER† suggests the use of a solution of the anhydrous salt of arsenate of sodium in those nervous diseases in which arsenic is indicated. A number of cases are reported in which the hypodermic use of a 1 to 5 per cent. solution of this salt produced very satisfactory results where other methods had failed. Fowler's solution gave very unsatisfactory results when used hypoder-

*Phila. Med. Jour., Sept. 2, 1899.
†Jour. Amer. Med. Assn., Sept. 2, 1899.

*N. Y. Med. Jour., Sept. 2, 1899.
†The Chicago Clinic, July, 1899.

matically, causing cellulitis and a consequent abscess, in all probability due to the presence of arsenious acid which had not been converted into arsenate of potassium. Such results have not been observed when the arsenate of sodium solution was employed, and only in several cases where a large amount was injected at one time was a slight induration noticed. The value of the hypodermic use of this drug is readily appreciated when one stops to consider that it is at once taken up by the blood and carried to the tissues without running the gauntlet of the liver when the toxic effects of the drug are largely focused.

Acetanilid in Typhoid Fever.—E. C. BRUSH* reports six cases in which acetanilid was used to control the fever. Ten others were likewise treated; they occurred at the same time, originated at Camp Thomas, and they were all of a severe type. Only one of the cases died in the fourth week from hemorrhage from the bowels. The average duration of fever was thirty days. Acetanilid was given in 3-grain doses every three hours whenever the temperature was over 101, until it fell to that point or below. If the temperature showed a decided tendency not to fall, a second dose was given in two hours. In every case there was comparative ease in controlling the fever by this method. No bad effects were noted from the use of the drug. The patients were robust young men; the feeding and care given them was systematic. As many of the comrades of these patients suffered from malaria, quinine was given in 2-grain doses three times a day, or with acetanilid. No whiskey was used. All were given a cold sponge bath every morning.

The Therapeutic Value of Oxygen.—W. S. CONKLIN† is thoroughly convinced that oxygen administered by inhalation is worthy of a place among remedial agents of positive value. After briefly reviewing some of the phenomena of respiration, attention is called to the conditions which result in a diminished supply of oxygen to the blood. This may result from any condition which interferes with the function of respiration, either by obstruction to the free ingress of air, or by diminishing the total diffusive area of the alveoli, as in the various forms of pneumonia, and in asthma, pulmonary tuberculosis, and membranous laryngitis. The blood changes which take place in chlorosis, progressive pernicious anemia, and in all secondary anemias, result in a diminution in the number of red blood-corpuscles and in the amount of oxygen carried by the blood to the tissues. In all these conditions if oxygen is administered, properly diluted, it is undoubtedly taken up by the hemoglobin, and in turn by the tissues, with positive benefit to the patient.

*Jour. Amer. Med. Assn., Sept. 2, 1899.
†N. Y. Med. Jour., Sept. 2, 1899.

Hypo-Substitute for Opiates.—DR. OBE. F. WATLINGTON, of Memphis, Tenn., writes in the *Medical Brief:* "I have in my possession a hypodermic alkaloidal solution, which is a specific in drug addictions (opium habituation, alcoholism, etc.). On receipt of a two-cent stamp, I will take pleasure in furnishing any of the medical profession the formula, by the use of which a number of the fraternity have been enabled to cure themselves of opiumism, alcoholism, and insomnia. I used morphia hypodermically for ten years. Obtained a perfect cure by this prescription.

Intravenous Injections of Mercury in the Treatment of Syphilis.—DUDLEY TAIT* claims to have had good results in a number of cases in which other methods of administration of the mercurials had failed. The most practical solutions used for injection are the cyanide $\frac{1}{100}$ to $\frac{1}{200}$, and the sublimate $\frac{1}{500}$ to $\frac{1}{1000}$. Amount injected daily varies from 1 to 3 cc. This method of administration is based upon the fact that mercury has no effect on the organism until it enters the blood. Mercury can be detected in the urine in ten minutes after injecting and will have all disappeared within thirty-six hours. The intravenous injections should be used where other methods have failed, and in cases demanding rapid action or early and intense mercurialization. No ill results need be feared if one employ an ordinary amount of skill and care. A small needle should be used.

Congested Mammary Glands —Recently I had a very aggravated case of congested mammary glands, *i. e.*, caked breast. The lady suffered excrutiatingly, the breast being nearly double its natural size. And although my usual remedy in such cases, viz.: camphorated castor oil, was fairly effective, yet I concluded to give unguentine a trial, and am glad I did, for I obtained most gratifying results in less than one-half the time than with my former remedy, which I had used for many years, but is now discarded in favor of your unguentine. I consider it a duty to state this fact for the benefit of such of the profession as are not too wise to profit by it. You can also recommend it most emphatically for relieving painful bunions. This is from personal experience. Yours truly,

DR. WM. B. MANN.

La Grippe; Its Manifestations, Complications, and Treatment.—W. W. GRUBE† strongly advocates the use of hydrozone and glycozone in the treatment of this obstinate condition and its complications. Used upon cotton as a dressing for the external auditory canal, they furnish a safe, speedy and effective method of cure.

*Occidental Medical Times, August 15, 1899.
†Journal of the A. M. A., March 25, 1899.